



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$206479906
Outpatient Patient Service Revenue	\$462234840
Total Gross Patient Service Revenue	\$668714746

2. Deductions From Revenue

Contractual Allowance	\$467476403
Other Deductions	\$8384145
Total Deductions	\$475860548

3. Total Operating Revenue

Net Patient Service Revenue	\$187154335
Other Operating Revenue	\$2480483
Total Operating Revenue	\$189634818

4. Operating Expenses

Salaries and Wages	\$37938290	Employee Benefits	\$11062558
Depreciation and Amortization	\$6065436	Interest Expense	\$0
Bad Debt	\$5699862	Other Expenses	\$121813465
Total Operating Expenses	\$182579611		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12755069	Total Assets	\$92951481
		Total Liabilities	\$46597726

Net Non-operating Gains over Loss	\$-192978
Total Net Gains	\$12562091

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$348889051	\$279650157	\$69238894
Medicaid	\$141483291	\$108927631	\$32555660
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$178342404	\$87282760	\$91059644
Total	\$668714746	\$475860548	\$192854198

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$225626	\$-225626

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$65220	\$101303	\$-36083

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$124742	\$-124742
Hospital Patients	\$0	\$10455	\$-10455
Community Education	\$0	\$269770	\$-269770

Number of Medical Professionals Trained	261
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	6560

Statement Six: Charity Statement

Hospital Charity Charges	\$26631813
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6662434	
HCI Payments	\$0		
Subtotal	\$0	\$6662434	\$-6662434
Medicaid Shortfalls	\$32915737	\$42907469	
Subtotal	\$32915737	\$42907469	\$-9991732
DSH Payments	\$0		
Subtotal	\$32915737	\$42907469	\$-9991732
Medicare Shortfalls	\$69061397	\$87280966	
Other Government Programs	\$0	\$0	
Total	\$101977134	\$130188435	\$-28211301

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$346871	\$-346871
Community Assessment	\$0	\$237849	\$-237849
Provision of Taxes	\$0	\$7512841	\$-7512841
Other Allocations	\$0	\$0	\$0

Comments

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